Case 3:25-bk-30768 Doc 1 Filed 04/25/25 Entered 04/25/25 21:02:50 Desc Main

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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's	Deloris First name	-	First name
	license or passport).	Middle name		Middle name
	Bring your picture identification to your	Johnson		
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years			
	Include your married or maiden names and any assumed, trade names and doing business as names.			
	Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6434		

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About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your Employer **Identification Number** (EIN), if any. EIN EIN Where you live If Debtor 2 lives at a different address: 5505 Rock Creek Lane Franklin, OH 45005 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Warren County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Deloris J Johnson

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ar	Tell the Court About	Your B	ankruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	□с	hapter 7					
		□с	hapter 11					
		□с	hapter 12					
		■ C	hapter 13					
3.	How you will pay the fee	•	about how yo	u may pay. Ty attorney is sub	pically, if you are paying the fee you	with the clerk's office in your local court for more details urself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with		
		n, sign and attach the Application for Individuals to Pay						
			I request tha		only if you are filing for Chapter 7. By law, a judge may,			
			applies to you	ır family size a	and you are unable to pay the fee in	ur income is less than 150% of the official poverty line that installments). If you choose this option, you must fill out installments) and file it with your potition.		
			те Аррисайс	ni to nave trie	Chapter 7 Filing Fee Walved (Ollich	ial Form 103B) and file it with your petition.		
).	Have you filed for bankruptcy within the	■ No).					
	last 8 years?	□ Ye	∌S.					
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
0.	Are any bankruptcy	■ No)					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Ye	₹S.					
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?	■ No	Go to l	ne 12.				
		□Ye	_{es.} Has yo	ur landlord obt	tained an eviction judgment against	you?		
				No. Go to line	12			
					, 12.			

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Deloris J Johnson Debtor 1 Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure Bankruptcy Code, and are you a small business in 11 U.S.C. § 1116(1)(B). debtor? For a definition of small I am not filing under Chapter 11. No. business debtor, see 11 U.S.C. § 101(51D). I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. Code. I am filing under Chapter 11. I am a small business debtor according to the definition in the Bankruptcy Code, and ☐ Yes. I do not choose to proceed under Subchapter V of Chapter 11. ☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Deloris J Johnson Debtor 1

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

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Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deloris J Johnson Case number (if known) **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ☐ More than \$50 billion ■ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50.000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100.000.001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Deloris J Johnson Signature of Debtor 2 **Deloris J Johnson** Signature of Debtor 1 Executed on April 25, 2025 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1

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Case number (if known)

For your attorney, if you are represented by one

Debtor 1

Deloris J Johnson

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David Andrade	Date	April 25, 2025
Signature of Attorney for Debtor		MM / DD / YYYY
David Andrade		
Printed name		
Andrade Law Office		
Firm name		
214 S. Breiel BLVD		
Suite A		
Middletown, OH 45044		
Number, Street, City, State & ZIP Code		
Contact phone 5132522502	Email address	david@theandradelaw.com
0071979 OH		
Bar number & State		

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			Document	Page 8 of 64	4/25/25 9:01F
Fill	in this	s information to identify you	case:		
Deb	otor 1	Deloris J Johnson	-		
Deb	otor 2	First Name	Middle Name	Last Name	
	use if, fil	ling) First Name	Middle Name	Last Name	
Unit	ted Sta	ates Bankruptcy Court for the:	SOUTHERN DISTRICT OF C	DHIO	
1	se num	nber			
(if kn	own)				☐ Check if this is an amended filing
-					g
Of	ficia	al Form 106Sum			
			and Liabilities and C	Certain Statistical Information	12/15
info	rmatio	on. Fill out all of your schedu		filing together, both are equally responsible formation on this form. If you are filing amend box at the top of this page.	
Par	t 1:	Summarize Your Assets			
					Your assets Value of what you own
1.	Sche	edule A/B: Property (Official F	Form 1064/R)		value of what you own
١.					\$ 465,380.00
	1b. C	Copy line 62, Total personal pro	operty, from Schedule A/B		\$ 43,950.00
	1c. C	Copy line 63, Total of all proper	ty on Schedule A/B		\$509,330.00
Par	t 2:	Summarize Your Liabilities			
					Your liabilities
					Amount you owe
2.			Claims Secured by Property (Official Jumn A, <i>Amount of claim,</i> at the be	cial Form 106D) ottom of the last page of Part 1 of Schedule D	\$ 384,000.00
3.			Unsecured Claims (Official Forr		2 745 00
		• •	,	m line 6e of Schedule E/F	\$ 3,745.00
	3b. C	Copy the total claims from Part	t 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$ 67,226.00
				Your total liabilities	\$ 454,971.00
				1041 1044 14211100	404,571.00
Par	t 3:	Summarize Your Income an	d Expenses		
4.		edule I: Your Income (Official F y your combined monthly incor			\$7,815.00
5.	Sche	edule J: Your Expenses (Officia	al Form 106J)		\$ 6,315.00
Dor				I Popordo	
Par			r Administrative and Statistica	records	
6.		you filing for bankruptcy und No. You have nothing to report	•	this box and submit this form to the court with yo	our other schedules.
7.		Yes at kind of debt do you have?			
				are those "incurred by an individual primarily for statistical purposes. 28 U.S.C. § 159.	a personal, family, or
		Your debts are not primarily the court with your other sche		thing to report on this part of the form. Check this	s box and submit this form to

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Debtor 1 Deloris J Johnson

Case number (if known)

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form		44 470 07
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	\$	11,472.67

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	3,745.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	3,745.00

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				Document	Page 10 of 64			4/25/25 9:01PM
Fill	in this inforn	nation to identify y	our case and th	is filing:				
Deb	tor 1	Deloris J John		Name	Lord Nove			
Deb	tor 2	First Name	Middle	Name	Last Name			
(Spo	use, if filing)	First Name	Middle	Name	Last Name			
Unit	ed States Bar	nkruptcy Court for th	e: SOUTHER	N DISTRICT OF C	OHIO			
Cas	e number							☐ Check if this is an amended filing
Sc In ea think infor	chedule ch category, se it fits best. Be	e as complete and ac e space is needed, att	cribe items. List a	e. If two married pe	If an asset fits in more than one ople are filing together, both are n the top of any additional pages	equally respons	ible for su	pplying correct
	No. Go to Part Yes. Where is	t 2.	table interest in a	•	ing, land, or similar property?			
1.1	5505 Pock	c Creek Lane		• •	erty? Check all that apply			
		if available, or other descri	ption	□ ·	nulti-unit building ium or cooperative	the amount of a	any secured	ims or exemptions. Put I claims on Schedule D: as Secured by Property.
	Franklin City	OH State	45005-0000 ZIP Code	☐ Manufactu☐ Land☐ Investmen	ired or mobile home it property	Current value entire propert		Current value of the portion you own? \$465,380.00
				☐ Timeshare ☐ Other _ Who has an intel ☐ Debtor 1 o	rest in the property? Check one		imple, tena	our ownership interest ancy by the entireties, or
	Warren			Debtor 2 o		-		
	County			At least on	and Debtor 2 only the of the debtors and another	(see instruc		munity property
				Other informatio property identific	on you wish to add about this iter cation number:	m, such as local		
				p.sps. 9				

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Page 11 of 64 Document **Deloris J Johnson** Case number (if known) Debtor 1 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put Jeep Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: compass Creditors Who Have Claims Secured by Property. Model ■ Debtor 1 only 2018 Year: Debtor 2 only Current value of the Current value of the 35,000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another to be paid outside case by \$7,000.00 \$7,000.00 cosignor ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put chevrolet Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: blazer Creditors Who Have Claims Secured by Property. Model ■ Debtor 1 only 2021 Year: Debtor 2 only Current value of the Current value of the 32,000 entire property? portion you own? Approximate mileage: Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another \$20,000.00 \$20,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$27,000.00 pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... tv \$300, beds \$300, couch sofa \$150, chairs tables \$75, washer \$1,250,00 dryer \$200, computer \$250 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No ☐ Yes. Describe.....

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Doc 1

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13. Non-farm animals Examples: Dogs, cats, birds, horses

No ☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No ☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$1,850.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

■ No

☐ Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

Institution name: ■ Yes.....

> \$100.00 chase 17.1. account

> \$0.00 17.2. cash app \$0

Case 3:25-bk-30768 Doc 1 Filed 04/25/25 Entered 04/25/25 21:02:50 Page 13 of 64 4/25/25 9:01PM Document Case number (if known) Debtor 1 **Deloris J Johnson** venmo \$0 \$0.00 17.3. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. $\hfill \square$ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Institution name: Type of account: 403b 403b \$15,000.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

 $\hfill \square$ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

4/25/25 9:01PM Page 14 of 64 Document Debtor 1 **Deloris J Johnson** Case number (if known) 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation. Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: term life insurance through work spouse \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$15,100.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7.

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Page 15 of 64 4/25/25 9:01PM Document Debtor 1 **Deloris J Johnson** Case number (if known) ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$465,380.00 Part 2: Total vehicles, line 5 \$27,000.00 57. Part 3: Total personal and household items, line 15 \$1,850.00 58. Part 4: Total financial assets, line 36 \$15,100.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 60. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$43,950.00 Copy personal property total \$43,950.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$509,330.00

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Official Form 106A/B Schedule A/B: Property page 6

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		Documer	nt Page 16 of 64	4/25/25 9:01
Fill in this infor	mation to identify your	case:		
Debtor 1	Deloris J Johnso	n		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number (if known)				☐ Check if this is an amended filing
(II KNOWN)				-

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	Line from Genedule AVD. 21:1			100% of fair market value, up to any applicable statutory limit	2020.00(A)(10)(0)			
	403b: 403b Line from <i>Schedule A/B</i> : 21.1	\$15,000.00		\$15,000.00	Ohio Rev. Code Ann. § 2329.66(A)(10)(c)			
	Ellie II oli II ochedale Al D. 1211			100% of fair market value, up to any applicable statutory limit	2020.00(/1)(4)(8)			
	ring, earrings Line from Schedule A/B: 12.1	\$500.00		\$500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)			
	Zine nem estricate / v Zi T T T			100% of fair market value, up to any applicable statutory limit	2020:00(-1)(-1)(0)			
	clothes Line from Schedule A/B: 11.1	\$100.00		\$100.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)			
	computer \$250 Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	2020:00(-1)(-10)			
	tv \$300, beds \$300, couch sofa \$150, chairs tables \$75, washer dryer \$200,	\$1,250.00		\$1,250.00	Ohio Rev. Code Ann. § 2329.66(A)(18)			
		Copy the value from Check only one box for each exemption. Schedule A/B						
	Brief description of the property and line on Schedule A/B that lists this property				Specific laws that allow exemption			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.				
	☐ You are claiming federal exemptions. 11 t	J.S.C. § 522(b)(2)						
	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)							

No

Yes

(Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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Debtor 1 **Deloris J Johnson** Case number (if known)

Cas

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Fill in this informat	ion to identify you	r case:				
Debtor 1	Deloris J Johns	on				
	First Name	Middle Name Las	st Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Las	st Name			
United States Bankr	ruptcy Court for the:	SOUTHERN DISTRICT OF OHIO				
Case number						
(if known)					☐ Check	if this is an
					ameno	ed filing
Official Form	106D					
	-	Who Have Claims Se	cured	by Property	/	12/15
Be as complete and ac	ccurate as possible. I	f two married people are filing together, b out, number the entries, and attach it to th	oth are equa	ally responsible for su	pplying correct informa	
1. Do any creditors ha	ve claims secured by	your property?				
□ No. Check th	is box and submit th	nis form to the court with your other scho	edules. You	have nothing else to	report on this form.	
Yes. Fill in all	l of the information l	pelow.				
Part 1: List All S	Secured Claims					
2. List all secured cla	ims. If a creditor has r	nore than one secured claim, list the creditor	separately	Column A	Column B	Column C
		a particular claim, list the other creditors in P cal order according to the creditor's name.	art 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 GM Financia	al	Describe the property that secures the c	laim:	\$20,000.00	\$20,000.00	\$0.00
Creditor's Name		2021 chevrolet blazer 32,000 mi	les			
004 Charms 6	Dimant Cta					
801 Cherry \$ 3500	Street, Ste.	As of the date you file, the claim is: Check	k all that			
Fort Worth,	TX 76102	apply. Contingent				
Number, Street, Cit	y, State & Zip Code	☐ Unliquidated				
		Disputed				
Who owes the debt?	? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		■ An agreement you made (such as morto	gage or secur	red		
Debtor 2 only		car loan)	, ,			
☐ Debtor 1 and Debto	or 2 only	Statutory lien (such as tax lien, mechani	ic's lien)			
At least one of the	debtors and another	☐ Judgment lien from a lawsuit				
Check if this claim	relates to a	☐ Other (including a right to offset)				
community debt						
Date debt was incurre	ed 2-18-2021	Last 4 digits of account number	8344			
2.2 Mr Copper		Describe the property that secures the c	laim:	\$357,000.00	\$465,380.00	\$0.00
Creditor's Name		5505 Rock Creek Lane Franklin, 45005 Warren County	, OH			
PO BOX 650	1783	As of the date you file, the claim is: Check	k all that			
Dallas, TX 7		apply. Contingent				
	y, State & Zip Code	☐ Unliquidated				
rumber, outeet, on	y, otate a zip code	☐ Disputed				
Who owes the debt?	? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		■ An agreement you made (such as morte	age or secur	red		
Debtor 2 only		car loan)	,go or 3000r			
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechani	ic's lien)			
At least one of the	debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim community debt	n relates to a	Other (including a right to offset)				
Date debt was incurre	ad 2023	Last A digits of account number	1350			

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Debtor 1 Deloris J Johnson	Case number (if known)			
First Name Middle N	lame Last Name	-		
2.3 Wright-patt Credit union	Describe the property that secures the claim:	\$7,000.00	\$7,000.00	\$0.00
Creditor's Name	2018 Jeep compass 35,000 miles to be paid outside case by cosignor			
P.O. Box 340134 Dayton, OH 45434-0134	As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	 An agreement you made (such as mortgage or sec car loan) 	cured		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 2023	Last 4 digits of account number 1358			
Add the dollar value of your entries in C	Column A on this page. Write that number here:	\$384,000.0	0	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$384,000.0	0	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Ouse	, 0.23 BK 00700 DO	Document Page	20 of 6	64/ <i>23/23 2</i> 1:	02.00 Desc	4/25/25 9:01PM
Fill in this infor	mation to identify your case:					
Debtor 1	Deloris J Johnson					
		Middle Name Last Nar	ne			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Nar	ne			
United States Ba	ankruptcy Court for the: SOUT	THERN DISTRICT OF OHIO				
Case number _ (if known)					_	if this is an led filing
Official Forr Schedule E		ave Unsecured Claim	ıs			12/15
any executory con Schedule G: Execu Schedule D: Credit eft. Attach the Con name and case nu	tracts or unexpired leases that cou story Contracts and Unexpired Lea tors Who Have Claims Secured by ntinuation Page to this page. If you mber (if known).	for creditors with PRIORITY claims ald result in a claim. Also list execut ses (Official Form 106G). Do not inc Property. If more space is needed, chave no information to report in a F	ory contract lude any cre opy the Part	s on Schedule A/B: F ditors with partially s you need, fill it out, i	Property (Official For secured claims that a number the entries in	m 106A/B) and on tre listed in the boxes on the
	III of Your PRIORITY Unsecure ors have priority unsecured claims					
No. Go to F	• •	agamst you!				
Yes.	art Z.					
List all of you identify what ty possible, list th	pe of claim it is. If a claim has both p	editor has more than one priority unsect riority and nonpriority amounts, list that ing to the creditor's name. If you have laim, list the other creditors in Part 3.	claim here a	nd show both priority a	nd nonpriority amoun	ts. As much as
(For an explan	ation of each type of claim, see the ir	estructions for this form in the instruction	n booklet.)	Total claim	Priority amount	Nonpriority amount
Priority Co	I reveune service reditor's Name DX 7317	Last 4 digits of account numbe When was the debt incurred?	2022	\$3,745.00	\$3,745.00	\$0.00
	elphia, PA 19101 Street City State Zip Code	As of the date you file, the clair	nis: Check :	all that apply		
	d the debt? Check one.	Contingent	113. OHECK E	ш шасарру		
Debtor 1	only	☐ Unliquidated				
Debtor 2	only	☐ Disputed				
Debtor 1	and Debtor 2 only	Type of PRIORITY unsecured c	aim:			
_	ne of the debtors and another	☐ Domestic support obligations				
☐ Check if	this claim is for a community debt	Taxes and certain other debts	you owe the	government		
Is the claim	subject to offset?	☐ Claims for death or personal in	njury while yo	u were intoxicated		
■ No		Other. Specify				
☐ Yes		federal ta	K			
	II of Your NONPRIORITY Unse					
	ors have nonpriority unsecured cla	-				
	ive nothing to report in this part. Subr	nit this form to the court with your other	schedules.			
Yes.						

Total claim

Part 2.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of

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4.1	ally credit card/cws	Last 4 digits of account number 6434	\$1,890.00
	Nonpriority Creditor's Name 1000 n west st fl 11 Wilmington, DE 19801	When was the debt incurred? 2021	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did report as priority claims	not
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify credit	
1.2	amazon	Last 4 digits of account number 6434	\$719.00
	Nonpriority Creditor's Name 470 Terry Ave. N Seattle, WA 98109	When was the debt incurred? 2023	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did report as priority claims	not
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify credit	
1.3	bank of america	Last 4 digits of account number 6434	\$1,443.00
	Nonpriority Creditor's Name 4060 ogletown/stanton road Newark, DE 19713	When was the debt incurred? 2021	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \square$ Obligations arising out of a separation agreement or divorce that you did report as priority claims	not
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify credit	

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Debtor	Deloris J Johnson	Case number (if known)	
4.4	Best Egg	Last 4 digits of account number 6434	\$33,825.00
	Nonpriority Creditor's Name PO Box 207865 Dallas, TX 75320-7865	When was the debt incurred? 2021	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify credit	
4.5	capital one	Last 4 digits of account number	\$245.00
	Nonpriority Creditor's Name Po. box 31293 Salt Lake City, UT 84131	When was the debt incurred? 2021	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify credit	
4.6	Capital one Nonpriority Creditor's Name	Last 4 digits of account number 6434	\$1,312.00
	Po. box 31293 Salt Lake City, UT 84131	When was the debt incurred? 2022	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify credit	

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Debtor 1 Deloris J Johnson		Case number (if known)	
.7 CBNA	Last 4 digits of account number	6434	\$1,210.00
Nonpriority Creditor's Name 5800 south corporate place Sioux Falls, SD 57108	When was the debt incurred?	2022	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify credit		
8 citicards	Last 4 digits of account number	6434	\$981.00
Nonpriority Creditor's Name 5800 south corporate place Sioux Falls, SD 57108	When was the debt incurred?	2022	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify credit		
9 credit one	Last 4 digits of account number	6434	\$725.00
Nonpriority Creditor's Name 6801 S Cimarron Rd Las Vegas, NV 89113	When was the debt incurred?	2022	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify cerdit		

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Last 4 digits of account number 1582	\$412.00
When was the debt incurred? 2023	
As of the date you file, the claim is: Check all that apply	
☐ Contingent	
☐ Unliquidated	
☐ Disputed	
Type of NONPRIORITY unsecured claim:	
☐ Student loans	
$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
\square Debts to pension or profit-sharing plans, and other similar debts	
Other. Specify account	
Last 4 digits of account number 6434	\$4,259.00
When was the debt incurred? 2022	
As of the date you file the claim is: Check all that apply	
To or the date year me, the claim to: one on an max apply	
☐ Contingent	
-	
·	
Type of NONPRIORITY unsecured claim:	
☐ Student loans	
lacktriangle Obligations arising out of a separation agreement or divorce that you did not	
☐ Debts to pension or profit-sharing plans, and other similar debts	
Other. Specify credit	
Last 4 digits of account number 6434	\$1,170.00
	
When was the debt incurred? 2022	
As of the date you file, the claim is: Check all that apply	
☐ Contingent	
☐ Unliquidated	
☐ Disputed	
Type of NONPRIORITY unsecured claim:	
☐ Student loans	
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Debts to pension or profit-sharing plans, and other similar debts	
	When was the debt incurred? 2023 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NoNPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify account Last 4 digits of account number 6434 When was the debt incurred? 2022 As of the date you file, the claim is: Check all that apply Unliquidated Disputed Type of NoNPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Credit Last 4 digits of account number 6434 When was the debt incurred? 2022 As of the date you file, the claim is: Check all that apply Credit Unliquidated Disputed Type of NoNPRIORITY unsecured claim: Student loans Student lo

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ebtor 1 Deloris J Johnson	Case number (if known)	
¹ jcpenney	Last 4 digits of account number 6434	\$620.00
Nonpriority Creditor's Name 2401 S Stemmons Fwy STE 4000 Lewisville, TX 75067-8797	When was the debt incurred? 2022	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify credit	
jp morgan chase bank card	Last 4 digits of account number 6434	\$2,028.00
Nonpriority Creditor's Name		
p.o. box 15369	When was the debt incurred? 2022	
Wilmington, DE 19850 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the dam's. Shook an that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify credit	
kay's jewelers	Last 4 digits of account number 6434	\$1,887.00
Nonpriority Creditor's Name 375 Ghent Rd,	When was the debt incurred? 2022	
Akron, OH 44333 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other Specify Credit	

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Debt	or 1 Deloris J Johnson		Case number (if known)	
4.1 6	Macy's	Last 4 digits of account number	6434	\$249.00
0	Nonpriority Creditor's Name Po Box 790003	When was the debt incurred?	2022	• • • • • • • • • • • • • • • • • • • •
	Saint Louis, MO 63179-0003	_		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep- report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify credit		
4.1	milestone	Last 4 digits of account number	6434	\$176.00
7	Nonpriority Creditor's Name			Ψ170.00
	10129 Rosecrans Ave Bellflower, CA 90706	When was the debt incurred?	2022	
	Number Street City State Zip Code As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepreport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-shari	ng plans, and other similar debts	
	Yes	Other. Specify credit		
4.1 8	SYNCB	Last 4 digits of account number	6434	\$4,171.00
O	Nonpriority Creditor's Name PO BOX 965005	When was the debt incurred?	2022	. ,
	Orlando, FL 32896-5005			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepreport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	■ Other. Specify credit		

Dobto	Case 3:25-bk-30768 Doc 1	L Filed 04/25/25 Entered 04/25/25 21:02:50 D Document Page 27 of 64 Case number (if known)	Desc Main 4/25/25 9:01PM
Debit	Delons J Johnson	Case Hullibel (ir known)	
4.1 9	synchrony bank	Last 4 digits of account number 6434	\$3,891.00
	Nonpriority Creditor's Name p.o. box 71715 Philadelphia, PA 19176-1715	When was the debt incurred? 2022	-
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify credit	
4.2	Ulta Beauty/Comenity	Last 4 digits of account number 6434	\$327.00
0	Nonpriority Creditor's Name		
	PO Box 183003 Columbus, OH 43218-3003	When was the debt incurred? 2022	-
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify credit	-
4.2	upgrade	Last 4 digits of account number 6434	\$5,686.00
1	Nonpriority Creditor's Name		
	2 N. Central Ave. 10th Floor Phoenix, AZ 85004	When was the debt incurred? 2022	-
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	

Part 3: List Others to Be Notified About a Debt That You Already Listed

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ No
□ Yes

■ Other. Specify credit

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Deloris J Johnson Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
Total	6a.	Domestic support obligations	6a.	\$	0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	3,745.00
	6c.	• •	6c.	φ	· · · · · · · · · · · · · · · · · · ·
		Claims for death or personal injury while you were intoxicated		\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	3,745.00
					Total Claim
Total	6f.	Student loans	6f.	\$	0.00
claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	67,226.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	67,226.00

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Fill in this information to identify your case:

Debtor 1 Deloris J Johnson
First Name Middle Name Last Name

Debtor 2 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

☐ Check if this is an amended filing

Official Form 106G

Case number (if known)

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the , Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	=
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	

Case 3:25-bk-30768 Doc 1 Filed 04/25/25 Entered 04/25/25 21:02:50 Desc Main Document Page 30 of 64 4/25/25 9:01PM Fill in this information to identify your case: Debtor 1 **Deloris J Johnson** Middle Name Last Name First Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO Case number (if known) ☐ Check if this is an amended filing Official Form 106H **Schedule H: Your Codebtors** 12/15 Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor. □ No Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. ☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 2: The creditor to whom you owe the debt Column 1: Your codebtor Name, Number, Street, City, State and ZIP Code Check all schedules that apply: **Donell Johnson** 3 1 ■ Schedule D. line 2.3 5505 Rock Creek Lane ☐ Schedule E/F, line Franklin, OH 45005 ☐ Schedule G Wright-patt Credit union

3.2 **Donell Johnson** ■ Schedule D, line 2.1 5505 Rock Creek Lane ☐ Schedule E/F, line _____ Franklin, OH 45005 ☐ Schedule G **GM Financial** 3.3 **Donnell Johnson** ■ Schedule D, line 2.2 5505 Rock Creek Lane ☐ Schedule E/F, line Franklin, OH 45005 ☐ Schedule G _____ Mr Copper

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Fill in this informa	ation to identify your case:		
Debtor 1	Deloris J Johnson		
Debtor 2 (Spouse, if filing)			
United States Ba	nkruptcy Court for the: SOUTHERN DISTRICT OF OHIO		
Case number		Check if this is:	
(If known)		☐ An amended filing	
		A supplement showing postpetition ch 13 income as of the following date:	napter
Official Fo	orm 106l	MM / DD/ YYYY	
Schedule	e I: Your Income	, 22,	12/1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

12/15

6,240.00

Par	1: Describe Employment						
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse			
	If you have more than one job,	F	■ Employed	■ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed			
	employers.	Occupation	Registered Nurse	postal worker			
	Include part-time, seasonal, or self-employed work.	Employer's name	The Christ hospital health network	u.s. postal service			
	Occupation may include student or homemaker, if it applies.	Employer's address	attention: payroll department 3139 Auburn Avenue Cincinnati, OH 45219	320 N Verity Pkwy Middletown, OH 45042			
		How long employed to	here? 25 years	25 years			
Par	Part 2: Give Details About Monthly Income						

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 7,302.00 6.240.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 0.00 0.00 3. Calculate gross Income. Add line 2 + line 3. 7,302.00

Official Form 106I Schedule I: Your Income page 1

Debtor 1		Deloris J Johnson		Case	number (if known)			
				For	Debtor 1	For Deb	otor 2 or	
	Cop	by line 4 here	4.	\$	7,302.00	\$	6,240.00	
5.	List	all payroll deductions:						
-	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,839.00	\$	1,198.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$-	0.00	\$	868.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	582.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	540.00	\$	0.00	
	5e.	Insurance	5e.	\$	644.00	\$	0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$_	0.00	\$	0.00	
	5h.	Other deductions. Specify: 2nd 401k loan	_ 5h.⊣ _	+ \$ __	56.00	+ \$	0.00	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	3,661.00	\$	2,066.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	3,641.00	\$	4,174.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$ \$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ \$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	 8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	_ 8h.⊣	+ \$_	0.00	+ \$	0.00	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,641.00 + \$_	4,174.	00 = \$	7,815.00
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not a cify:	depen		•	ed in <i>Sche</i>	<i>dule J.</i> 11. + \$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies				, if it	12. \$	7,815.00
13.	Do :	you expect an increase or decrease within the year after you file this form'	?				Combin	ned y income

Yes. Explain:

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Fill	in this information to identify your case:				
Deb	otor 1 Deloris J Johnson		Check	c if this is:	
			_	An amended filing	
	ouse, if filing)				wing postpetition chapter the following date:
Uni	ited States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO		<u></u>	MM / DD / YYYY	
1	se numberknown)				
0	fficial Form 106J				
S	chedule J: Your Expenses				12/1
infe	as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this famber (if known). Answer every question. It 1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?				
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate Housel	nold of Debto	or 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the dependents names.				□ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes				☐ Yes
Est	rt 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless your each after the bankruptcy is filed. If this is a supp plicable date.				
the	clude expenses paid for with non-cash government assistance if evalue of such assistance and have included it on <i>Schedule I:</i> Y fficial Form 106I.)			Your exp	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4. \$		3,215.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		200.00
F	4d. Homeowner's association or condominium dues	mo oquity looss	4d. \$ 5. \$		0.00
5.	Additional mortgage payments for your residence, such as hor	me equity loans	J. Þ		0.00

Debtor 1	Deloris J	Johnson	Case numb	er (if known)	
6. Util	ities:				
6a.		heat, natural gas	6a.	\$	350.00
6b.		ver, garbage collection		\$	95.00
6c.		e, cell phone, Internet, satellite, and cable services		\$	165.00
6d.	•	ecify: cell		\$	160.00
		ekeeping supplies		\$	650.00
		hildren's education costs		\$	0.00
		ry, and dry cleaning		\$ \$	150.00
	•	roducts and services		\$	
	-			:	150.00
		ntal expenses	11.	\$	150.00
	not include ca	Include gas, maintenance, bus or train fare.	12.	\$	400.00
		ar payments. clubs, recreation, newspapers, magazines, and book		\$	75.00
		ributions and religious donations		\$	0.00
	urance.	ibations and rengious donations	17.	Ψ	0.00
		surance deducted from your pay or included in lines 4 or	20		
	. Life insura		15a.	\$	0.00
	. Health ins		15b.	·	0.00
	. Vehicle ins		15c.	·	195.00
		rance. Specify:		\$	0.00
		clude taxes deducted from your pay or included in lines		Ψ	0.00
Spe	ecify:	, , ,		\$	0.00
		ease payments: ents for Vehicle 1	17a.	¢	260.00
				·	360.00
		ents for Vehicle 2	17b. 17c.	\$	0.00
	. Other. Spe	· _		·	0.00
	. Other. Spe	<u></u>		\$	0.00
		of alimony, maintenance, and support that you did n your pay on line 5, Schedule I, Your Income (Official		\$	0.00
		you make to support others who do not live with yo		\$	0.00
Spe	ecify:		19.		
		erty expenses not included in lines 4 or 5 of this forn	or on Schedule I: You	ur Income.	
		on other property	20a.		0.00
20b	. Real estat	e taxes	20b.	\$	0.00
20c	. Property, h	nomeowner's, or renter's insurance	20c.	\$	0.00
		ce, repair, and upkeep expenses	20d.	\$	0.00
		er's association or condominium dues		\$	0.00
	er: Specify:		21.	·	0.00
	. ,				0.00
	-	nonthly expenses		_	
	. Add lines 4	•		\$	6,315.00
22b	. Copy line 22	2 (monthly expenses for Debtor 2), if any, from Official Fe	orm 106J-2	\$	
22c	. Add line 22a	a and 22b. The result is your monthly expenses.		\$	6,315.00
3. Cal	culate your i	monthly net income.	L		
		12 (your combined monthly income) from Schedule I.	23a.	\$	7,815.00
		monthly expenses from line 22c above.	23b.	·	6,315.00
		•	Г	-	
23c		our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	1,500.00
				for 2	
24. Do	you expect a	an increase or decrease in your expenses within the u expect to finish paying for your car loan within the year or do y	year after you file this	TORM?	r decrease because of a
		u expect to finish paying for your car loan within the year or do y terms of your mortgage?	ou expect your mortgage p	ayıneni io increase o	i decrease because of a
_		o. jour mongago.			
1 =		[=			
	Yes.	Explain here:			

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Fill in this infor	rmation to identify your	case:			
Debtor 1	Deloris J Johnso	n			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case number					
(if known)				[Check if this is an
					amended filing
You must file th	is form whenever you fi	le bankruptcy schedule n connection with a ban		. Making a false statement, c in fines up to \$250,000, or im	
Sig	gn Below				
Did you pa	ay or agree to pay some	one who is NOT an atto	rney to help you fill out b	pankruptcy forms?	
■ No					
☐ Yes.	Name of person				Petition Preparer's Notice, anature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sun	nmary and schedules file	d with this declaration and	
X /s/ Del	loris J Johnson		x		
	is J Johnson ure of Debtor 1		Signature of	Debtor 2	
Date	April 25, 2025		Date		

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Fill in t	his information to identify you	ır case:					
Debtor	Deloris J Johns	on					
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse if		Middle Name	Last Name				
United S	States Bankruptcy Court for the:	SOUTHERN DISTRICT O	OF OHIO				
Case nu (if known)				-	Check if this is an amended filing		
State Be as co	ial Form 107 ement of Financial omplete and accurate as poss tion. If more space is needed (if known). Answer every que	ible. If two married people a , attach a separate sheet to t	re filing together, both are	equally responsible for sup			
Part 1:	<u>`</u>	arital Status and Where You	Lived Before				
1. Wh	at is your current marital state	us?					
	Married Not married						
2. Dui	ring the last 3 years, have you	lived anywhere other than v	where you live now?				
_	No						
_	Yes. List all of the places you	lived in the last 3 years. Do no	ot include where you live now	<i>i</i> .			
De	ebtor 1:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	dress:	Dates Debtor 2 lived there		
	thin the last 8 years, did you e nd territories include Arizona, Ca						
■	No Yes. Make sure you fill out Sc	hedule H: Your Codebtors (Of	ficial Form 106H).				
Part 2	Explain the Sources of You	ur Income					
Fill	I you have any income from end in the total amount of income you are filing a joint case and you	ou received from all jobs and a	Ill businesses, including part	time activities.	ndar years?		
■	No Yes. Fill in the details.						
		Debtor 1		Debtor 2			
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)		
	anuary 1 of current year until e you filed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$25,328.00	☐ Wages, commissions, bonuses, tips			

Operating a business

☐ Operating a business

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Page 37 of 64 Document **Deloris J Johnson** Debtor 1 Case number (if known) **Debtor 1** Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$76,895.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2024) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$93,031.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2023) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$8,575* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$8,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

Creditor's Name and Address

Dates of payment

attorney for this bankruptcy case.

Total amount paid

Amount you still owe Was this payment for ...

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Page 38 of 64 4/25/25 9:01PM Document Debtor 1 Deloris J Johnson Case number (if known) Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an 8. insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Total amount Amount you Reason for this payment Dates of payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο ☐ Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

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Nο

Address

Yes. Fill in the details. Person Who Received Transfer

Person's relationship to you

Description and value of

property transferred

Describe any property or

paid in exchange

payments received or debts

Date transfer was

made

Debtor 1 Deloris J Johnson

Case number (if known)

19.		hin 10 years before you filed for bankrupt eficiary? (These are often called asset-pro		y property to a	a self-settle	d trust or similar device	of which you are a				
	■ No □ Yes. Fill in the details.										
	П										
	Na	Name of trust Description and value of the property transferred									
Pai	t 8:	List of Certain Financial Accounts, Ins	truments, Safe Deposit	Boxes, and S	torage Unit	s					
20.	solo Incl	hin 1 year before you filed for bankruptcy d, moved, or transferred? ude checking, savings, money market, o uses, pension funds, cooperatives, assoc									
		No Yes. Fill in the details.									
		me of Financial Institution and dress (Number, Street, City, State and ZIP	Last 4 digits of account number	instrument closed, moved,		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer				
21.		you now have, or did you have within 1 y h, or other valuables?	ear before you filed for	bankruptcy, a	ny safe dep	posit box or other depos	itory for securities,				
		No									
		Yes. Fill in the details.									
		me of Financial Institution dress (Number, Street, City, State and ZIP Code)		Who else had access to it? Address (Number, Street, City, State and ZIP Code)		the contents	Do you still have it?				
22.	Hav	e you stored property in a storage unit o	r place other than your	home within 1	l year befor	re you filed for bankrupto	cy?				
		No									
		Yes. Fill in the details.									
		me of Storage Facility dress (Number, Street, City, State and ZIP Code)	to it?	to it? Address (Number, Street, City,		the contents	Do you still have it?				
Pai	t 9:	Identify Property You Hold or Control f									
23.	,	you hold or control any property that son someone.	neone else owns? Inclu	ide any prope	rty you borr	rowed from, are storing	for, or hold in trust				
		No Yes. Fill in the details.									
		vner's Name dress (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, St Code)		Describe	the property	Value				
Pai	t 10:	Give Details About Environmental Info	rmation								
For	the p	ourpose of Part 10, the following definitio	ons apply:								
		vironmental law means any federal, state, c substances, wastes, or material into the	_								

- regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 **Deloris J Johnson**

Case number (if known)

24.	Has	any governmental unit notified you that	you may be liable or potentially liable	unc	der or in violation of an environme	ental law?				
		No Yes. Fill in the details.								
	Name of site Governmental unit Environmental law, if you Date of notice									
		dress (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)	d	know it	Date of Hotice				
25.	Hav	e you notified any governmental unit of	any release of hazardous material?							
		No Yes. Fill in the details.								
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit and ZIP Code) Address (Number, Street, City, State and ZIP Code) Environmental law, if you know it							
26.	Hav	e you been a party in any judicial or adm	ninistrative proceeding under any envi	ironı	mental law? Include settlements a	and orders.				
		No								
		Yes. Fill in the details.								
	-	se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case				
Par	11:	Give Details About Your Business or 0	Connections to Any Business							
27.	Wit	nin 4 years before you filed for bankrupt	cy, did you own a business or have ar	ıy of	the following connections to any	business?				
		☐ A sole proprietor or self-employed in	n a trade, profession, or other activity,	eith	ner full-time or part-time					
		☐ A member of a limited liability comp	any (LLC) or limited liability partnersh	ip (L	LP)					
		☐ A partner in a partnership								
		☐ An officer, director, or managing exe	ecutive of a corporation							
		☐ An owner of at least 5% of the voting	g or equity securities of a corporation							
		No. None of the above applies. Go to P	Part 12.							
		Yes. Check all that apply above and fill	in the details below for each business	s.						
		siness Name	Describe the nature of the business		Employer Identification number					
		dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Do not include Social Security	number or ITIN.				
					Dates business existed					
28.		nin 2 years before you filed for bankruptoitutions, creditors, or other parties.	cy, did you give a financial statement	to ar	nyone about your business? Inclu	ıde all financial				
		No								
		Yes. Fill in the details below.								
	Name Address (Number, Street, City, State and ZIP Code)									

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■ No

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

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LBR Form 2016-1(b)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO

In re:		Case No.
Deloris J Johnson		Chapter 13
	Debtor(s)	Judge

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE

I. Disclosure

1

2

3

4

For legal services, I l	have agre	ed to accept	\$	3,900.00
_	_	nent I have received	\$	1,200.00
Balance Due			\$	2,700.00
■ Debtor	□ O	eation paid to me was: other (specify): on to be paid to me is:		
Debtor	_	other (specify):		
	reed to sha	are the above-disclosed compensation v	vith any other persons unless th	ney are members and/or
<u> </u>		the above-disclosed compensation with y of the agreement, together with a list	1 1	

II. Application

- 5. I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$4,350, for rendering the legal services set forth below. If I seek payment of fees in excess of \$4,350, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the amount and itemization of any expenses for which reimbursement is sought, the identification and hourly billing rate of any attorney, paralegal, or other professional person for whom fees are sought, and the actual time spend by the attorney, paralegal, or other professional person for whom fees are sought.
 - a. Initial client interview, preparation and signing of any retainer or representation agreement, analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
 - b. Advising the debtor concerning his or her obligations and duties pursuant to the Code, the Rules, the Local Rules, applicable court orders, and provisions of his or her chapter 13 plan;
 - c. Preparation and filing of any document required by § 521 of the Code, including Official Form 122C-1 and Official Form 122C-2 (if applicable), the petition, schedules, statement of financial affairs and any amendments thereto that may be required;
 - d. Preparation and filing of the chapter 13 plan and any preconfirmation amendments thereto that may be required; provided, legal services performed relative to Paragraphs 5.4.1,5.4.2 and 5.4.3 of the chapter 13 plan are not covered by the no-look

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fee and may be compensated through a separate application for fees; however, in such event, no additional compensation will be allowed for the preparation and filing of a motion pursuant to Rule 5009(d).

- e. Preparation and filing of payroll orders and amended payroll orders, except amended payroll orders prepared in connection with the modification of a plan or the temporary suspension of payments;
- f. Representation of the debtor at the § 341 meeting of creditors and confirmation hearing, and at any adjournments thereof;
- g. Filing of address changes for the debtor;
- h. Review of claims;
- i. Review of notice of intention to pay claims;
- j. Preparation and filing of objections to non-real estate and non-tax claims, exclusive of any hearings;
- k. Preparation and filing of first motion to suspend or temporarily reduce plan payments;
- 1. Representation of the debtor in the submission of the annual tax return or the retaining of the tax refund pursuant to the Mandatory Form Chapter 13 Plan, exclusive of any subsequent inquiry, amendment, status report, motion, objection or hearing;
- m. Filing of a notice of final cure payment, when filed by the debtor, exclusive of any hearings;
- n. Preparation and filing of debtor's certification regarding issuance of discharge order;
- o. Routine phone calls and questions;
- p. File maintenance and routine case management; and
- q. Any other duty as required by local decision or policy.

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

Λ.	: 1	25.	20	12E
ΑL)I IC	ZO.	ZU	123

Date

/s/ David Andrade

David Andrade

Name Andrade Law Office 214 S. Breiel BLVD Suite A Middletown, OH 45044 5132522502 Fax: 5133928450

david@theandradelaw.com

0071979 OH

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Fill in this inform	nation to identify your case:
Debtor 1	Deloris J Johnson
Debtor 2 (Spouse, if filing)	
United States B	ankruptcy Court for the: Southern District of Ohio
Case number (if known)	

Check as directed in lines 17 and 21:									
According to the calculations required by this Statement:									
1. Disposable income is not determined under11 U.S.C. § 1325(b)(3).									
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).									
3. The commitment period is 3 years.									
4. The commitment period is 5 years.									
☐ Check if this is an amended filing									

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. ■ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 7,265.50 4,207.17 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 0.00 0.00 Copy here -> \$ Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property **Debtor 1** 0.00 \$ Gross receipts (before all deductions) 0.00 -\$ Ordinary and necessary operating expenses 0.00 0.00 Copy here -> \$ 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Interest, dividends, and royalties \$ 0.00 \$ 0.00		Document Pag Deloris J Johnson	JC 70		(:f ()			
Interest, dividends, and royalties Interest, dividends, and royal	tor 1	Delotis 3 Johnson		Case numb	er (<i>Ir known</i>)			
Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you S O.00 For your spouse S O.00 Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. Do not include any benefits received under the Social Security Act, payments received as a victim of a war crime, a crime against humanity, or international or domestix terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. \$ 7,265.50 + \$ 4,207.17 \$ 11,477. Total averammental adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filling with you. Fill in 0 below. You are married and your spouse is filling with you. Fill in the amount of the income listed in line 11. Column B, that was NOT regularly paid for the household expenses of you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list a					ı	Debtor	2 or	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you	Int	erest, dividends, and royalties		\$	0.00	\$	0.00	
the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 0.00 Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of that the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 11. Calculate your total amounts from separate pages, if any. 12. Determine How to Measure Your Deductions from Income 22. Copy your total average monthly income from line 11. 33. Calculate the marital adjustment. Check one: 24. You are married and your spouse is not filing with you. 25. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose, if necessary, list additional	Un	employment compensation		\$	0.00	\$	0.00	
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 2. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 2. Ono \$ 0.00 3. Ono \$ 0.00 4. Ono \$ 0.00 5. Ono \$ 0.00 Total amounts from separate pages, if any. 4. \$ 0.00 \$ 0.00 5. Ono \$ 0.00 7. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 2. Copy your total average monthly income from line 11. 3. Calculate the marital adjustment. Check one: 4. You are married and your spouse is filing with you. Fill in 0 below. 4. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income			efit unde	r				
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Determine How to Measure Your Deductions from Income 13. Calculate the marital adjustment. Check one: 14. You are not married. Fill in 0 below. 15. You are not married. Fill in 0 below. 16. You are married and your spouse is filing with you. Fill in 0 below. 17. You are married and your spouse is not filing with you. 18. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each		For you\$0	.00					
benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. Source		For your spouse\$.00					
Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.0	Un dis pa do	ited States Government in connection with a disability, combat-related injude ability, or death of a member of the uniformed services. If you received any paid under chapter 61 of title 10, then include that pay only to the extenties not exceed the amount of retired pay to which you would otherwise be	ury or ny retired that it		0.00	\$	0.00	
Total amounts from separate pages, if any. 1. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 1. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 1. Calculate How to Measure Your Deductions from Income 2. Copy your total average monthly income from line 11. 3. Calculate the marital adjustment. Check one: 1. You are not married. Fill in 0 below. 2. You are married and your spouse is filing with you. Fill in 0 below. 2. You are married and your spouse is not filing with you. 3. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional			al or	2				
1. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. \$ 7,265.50	do Un dis	mestic terrorism; or compensation, pension, pay, annuity, or allowance pa ited States Government in connection with a disability, combat-related inju ability, or death of a member of the uniformed services. If necessary, list of	al or iid by the ury or		0.00	\$	0.00	
each column. Then add the total for Column A to the total for Column B. \$ 7,265.50	do Un dis	mestic terrorism; or compensation, pension, pay, annuity, or allowance pa ited States Government in connection with a disability, combat-related inju ability, or death of a member of the uniformed services. If necessary, list of	al or iid by the ury or			· · · · · · · · · · · · · · · · · · ·		
Determine How to Measure Your Deductions from Income 2. Copy your total average monthly income from line 11	do Un dis	mestic terrorism; or compensation, pension, pay, annuity, or allowance paited States Government in connection with a disability, combat-related injustility, or death of a member of the uniformed services. If necessary, list curces on a separate page and put the total below.	al or iid by the ury or	\$ \$	0.00	\$	0.00	
3. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. ☐ You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional	do Un dis so	mestic terrorism; or compensation, pension, pay, annuity, or allowance paited States Government in connection with a disability, combat-related injudicity, or death of a member of the uniformed services. If necessary, list curces on a separate page and put the total below. Total amounts from separate pages, if any. Iculate your total average monthly income. Add lines 2 through 10 for	al or nid by the ury or other	\$\$ \$\$	0.00	\$	0.00	11,472.67
 You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional 	do Un dis so 1. Ca ea	mestic terrorism; or compensation, pension, pay, annuity, or allowance paited States Government in connection with a disability, combat-related injudicity, or death of a member of the uniformed services. If necessary, list curces on a separate page and put the total below. Total amounts from separate pages, if any. Iculate your total average monthly income. Add lines 2 through 10 for ch column. Then add the total for Column A to the total for Column B.	al or nid by the ury or other	\$\$ \$\$	0.00	\$	0.00 0.00 7 = \$	
You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional	do Un dis so	mestic terrorism; or compensation, pension, pay, annuity, or allowance paited States Government in connection with a disability, combat-related injudicity, or death of a member of the uniformed services. If necessary, list ources on a separate page and put the total below. Total amounts from separate pages, if any. Iculate your total average monthly income. Add lines 2 through 10 for ch column. Then add the total for Column A to the total for Column B. Determine How to Measure Your Deductions from Income pay your total average monthly income from line 11.	al or iid by the ury or other +	\$\$ \$	0.00	\$ \$ 4,207.17	0.00 0.00 7 = \$	tal average
Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional	do Un dis so	mestic terrorism; or compensation, pension, pay, annuity, or allowance paited States Government in connection with a disability, combat-related injustility, or death of a member of the uniformed services. If necessary, list curces on a separate page and put the total below. Total amounts from separate pages, if any. Iculate your total average monthly income. Add lines 2 through 10 for ch column. Then add the total for Column A to the total for Column B. Determine How to Measure Your Deductions from Income The page monthly income from line 11. Iculate the marital adjustment. Check one:	al or iid by the ury or other +	\$\$ \$	0.00	\$ \$ 4,207.17	0.00 0.00 7 = \$	otal average onthly income
Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional	do Un dis so	mestic terrorism; or compensation, pension, pay, annuity, or allowance paited States Government in connection with a disability, combat-related injudicity, or death of a member of the uniformed services. If necessary, list curces on a separate page and put the total below. Total amounts from separate pages, if any. Iculate your total average monthly income. Add lines 2 through 10 for ch column. Then add the total for Column A to the total for Column B. Determine How to Measure Your Deductions from Income py your total average monthly income from line 11. Iculate the marital adjustment. Check one: You are not married. Fill in 0 below.	al or iid by the ury or other +	\$\$ \$	0.00	\$ \$ 4,207.17	0.00 0.00 7 = \$	otal average onthly income
	do Un dis so	mestic terrorism; or compensation, pension, pay, annuity, or allowance paited States Government in connection with a disability, combat-related injustility, or death of a member of the uniformed services. If necessary, list ources on a separate page and put the total below. Total amounts from separate pages, if any. Iculate your total average monthly income. Add lines 2 through 10 for ch column. Then add the total for Column A to the total for Column B. Determine How to Measure Your Deductions from Income py your total average monthly income from line 11. Iculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below.	al or iid by the ury or other +	\$\$ \$	0.00	\$ \$ 4,207.17	0.00 0.00 7 = \$	otal average onthly income
adjustments on a separate page. If this adjustment does not apply, enter 0 below.	do Un dis so	mestic terrorism; or compensation, pension, pay, annuity, or allowance paited States Government in connection with a disability, combat-related injustility, or death of a member of the uniformed services. If necessary, list ources on a separate page and put the total below. Total amounts from separate pages, if any. Iculate your total average monthly income. Add lines 2 through 10 for ch column. Then add the total for Column A to the total for Column B. Determine How to Measure Your Deductions from Income py your total average monthly income from line 11. Iculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was No.	al or id by the ury or other ##	\$\$ \$	0.00 0.00 + \$ _	\$	0.00 0.00 7 = \$	otal average conthly income 11,472.67

0.00

14. Your current monthly income. Subtract line 13 from line 12.

\$ 11,472.67

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here=>

11,472.67

Total

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4/25/25 9:01PM Document Page 47 of 64 Deloris J Johnson Debtor 1 Case number (if known) Multiply line 15a by 12 (the number of months in a year). **x** 12 137,672.04 15b. The result is your current monthly income for the year for this part of the form. 16. Calculate the median family income that applies to you. Follow these steps: OH 16a. Fill in the state in which you live. 2 16b. Fill in the number of people in your household. 16c. Fill in the median family income for your state and size of household. 79.491.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 11,472.67 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 11,472.67 \$ 19b. Subtract line 19a from line 18. 20. Calculate your current monthly income for the year. Follow these steps: 11,472.67 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 137,672.04 20b. The result is your current monthly income for the year for this part of the form 79,491.00 \$ 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Deloris J Johnson **Deloris J Johnson** Signature of Debtor 1

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Date April 25, 2025 MM / DD / YYYY Case 3:25-bk-30768 Doc 1 Filed 04/25/25 Entered 04/25/25 21:02:50 Desc Main Document Page 48 of 64

Debtor 1 Deloris J Johnson Case number (if known)

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							_						
Fill in t	this informati	tion to id	entify your	case:									
Debtor	1 Del	loris J J	ohnson										
Debtor	2												
	e, if filing)												
United	States Bankru	uptcy Cou	urt for the:	Southern Dis	trict of Ohio								
Case n (if knov									Check i	f this is	an amende	∍d fili	ng
	Form 122C-2	_											
Cha	pter 13	Calc	ulation	of You	ır Dispo	osable I	ncome	е					04/2
<i>Commi</i> Be as c	out this form, tment Period omplete and s needed, att	d (Official	Form 122C	-1). e. If two mar	ried people	are filing tog	ether, both	n are equally	y respon	sible fo	· being accı	urate.	. If more
	nal pages, wr					ic inic nambe		additionar	mormat	юп аррі	ico. On the	top u	,
Part 1:	Calculat	te Your D	eductions f	rom Your In	come								
the o	Internal Reve questions in I rmation may	lines 6-1	5. To find th	e IRS stand	ards, go onli	ine using the							
expe	uct the expensenses if they a C-1, and do no	are higher	than the sta	ndards. Do n	ot include an	y operating ex	cpenses tha	at you subtra	acted fron	n income			
If yo	ur expenses d	differ from	month to me	onth, enter th	e average ex	rpense.							
Note	: Line number	ers 1-4 are	not used in	this form. Th	ese numbers	apply to infor	mation requ	uired by a si	milar forr	n used in	chapter 7 c	ases.	
5.	The number	r of peop	le used in d	etermining y	our deduction	ons from inc	ome						
		nber of an	y additional d	dependents v		tions on your toport. This nui					2		
Nati	onal Standar	rds	You mus	t use the IRS	National Sta	andards to ans	swer the que	estions in lin	ies 6-7.				
6.	Food, clothii Standards, fil						ed in line 5 a	and the IRS	National		\$	1	1,411.00
7.		nount for c	out-of-pocket	health care.	The number	f people you e of people is s gher IRS allov	plit into two	categories-	-people v	vho are ι	ınder 65 and	t	

Official Form 122C-2

higher than this IRS amount, you may deduct the additional amount on line 22.

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Debtor 1	D	Peloris J Johnson				Case number (if k	nown)			
Peop	ole v	vho are under 65 years of age								
	7a.	Out-of-pocket health care allowance per person	\$	83						
	7b.	Number of people who are under 65	X	2						
	7c.	Subtotal. Multiply line 7a by line 7b.	\$	166.00		Copy here=>	\$	166.0	0	
Peop	ole v	vho are 65 years of age or older								
	7d.	Out-of-pocket health care allowance per person	\$	158						
	7e.	Number of people who are 65 or older	X	0						
	7f.	Subtotal. Multiply line 7d by line 7e.	\$_	0.00		Copy here=>	\$	0.0	0	
	7g.	Total. Add line 7c and line 7f			\$	166.00		Copy total he	re=>	\$166.00
Loca	ıl Sta	andards You must use the IRS Local Standards to	ansv	ver the guestic	ons in lin	es 8-15.				
Base	ed o	n information from the IRS, the U.S. Trustee Prog		•			for	housing for		
_	•	ing and utilities - Insurance and operating expens	.00							
_		ing and utilities - Insurance and operating expensions and utilities - Mortgage or rent expenses) C S							
sepa 8.	rate Hou in th	er the questions in lines 8-9, use the U.S. Trustee instructions for this form. This chart may also be using and utilities - Insurance and operating expense dollar amount listed for your county for insurance and operating expense dollar amount listed for your county for insurance and other insurance and o	e avai nses:	ilable at the k Using the nu	ankrup mber of	tcy clerk's offi	ce.	•	\$	705.00
9.	Hou	ising and utilities - Mortgage or rent expenses:								
	9a.	Using the number of people you entered in line 5, fi listed for your county for mortgage or rent expenses		e dollar amou	nt		\$	1,572.0	0	
	9b.	Total average monthly payment for all mortgages a	nd oth	ner debts secu	red by y	our home.				
		To calculate the total average monthly payment, ad contractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.								
		Name of the creditor		Average mo payment	nthly					
		-NONE-		\$						
		9b. Total average monthly paymen	t	\$	0.00	Copy here=>	\$_	0.		Repeat this amount on line 33a.
	9c.	Net mortgage or rent expense.	L							
		Subtract line 9b (total average monthly payment) from rent expense). If this number is less than \$0, enter			ie	\$	1,5	72.00 Co	py e=>	\$1,572.00
	affe	ou claim that the U.S. Trustee Program's division cts the calculation of your monthly expenses, fill plain why:					s inc	correct and		\$0.00

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3.25-DK-30708	DOC T	Filed 04/25/	25	Entered 04/25/25 21.02.50	Desc ivia
		Document	Pa	ge 51 of 64	

Debtor 1	Deloris J Johnson		Case number (if k	(nown)		
11.	Local transportation expenses: Check the number of vehic	cles for which you claim a	n ownership	or operating	expense.	
	□ 0. Go to line 14.	,		p		
	1. Go to line 12.					
	2 or more. Go to line 12.					
10		and the number of volice	oloo for which	vov alaim th		
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for					478.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.					
Ve	Phicle 1 Describe Vehicle 1:					
13a	. Ownership or leasing costs using IRS Local Standard		\$	0.00		
13b	. Average monthly payment for all debts secured by Vehicle 1					
	Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mon bankruptcy. Then divide by 60.		t			
	Name of each creditor for Vehicle 1	Average monthly payment				
	-NONE-	\$				
			1		Repeat this	
	Total Average Monthly Payment	\$	Copy here => -\$	0	amount on line 33b.	
13c	. Net Vehicle 1 ownership or lease expense		,		Copy net	
	Subtract line 13b from line 13a. if this number is less than \$0	, enter \$0	\$	0.00	Vehicle 1 expense here	0.00
			Ψ]=> \$	0.00
Ve	ehicle 2 Describe Vehicle 2:					
13d	. Ownership or leasing costs using IRS Local Standard		\$	0.00		
13e	. Average monthly payment for all debts secured by Vehicle 2 leased vehicles.	. Do not include costs for				
	Name of each creditor for Vehicle 2	Average monthly payment				
	-NONE-	\$				
			Сору		5	
	Total average monthly payment	\$	here => -\$	0.0	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense				Copy net	
	Subtract line 13e from line 13d. if this number is less than \$0	, enter \$0			Vehicle 2 expense here	
			\$	0.00	=> \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of				」 i the \$	0.00
15	Additional public transportation expense: If you claimed		•		ou mav	
	also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Trans</i>	hat you believe is the ap				0.00

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	Document	Pa	ae 52 of 64	

Case number (if known)

Oth	er Neces		In addition to the expense the following IRS categor		ns listed above,	you are allowed your monthly expense	s for	
16.	Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.						\$	3,037.00
17.	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.							
	Do not i	nclude amounts tha	t are not required by your	job, such a	as voluntary 40	1(k) contributions or payroll savings.	\$	858.00
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.						\$	0.00
19.	 Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 						\$	0.00
20			nly amount that you pay fo				· —	
		condition for your jo	, , , ,	. Caacanoi	Tanat io olarior i	oquilou.		
	for ye	our physically or me	entally challenged depende	ent child if	no public educa	ation is available for similar services.	\$	0.00
21.			ly amount that you pay for rany elementary or secor	-	•	itting, daycare, nursery, and preschool.	\$	0.00
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.						•	0.00
	•		nce or health savings acco		•		\$	0.00
23.	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.						+\$	0.00
24.	24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.						\$	8,227.00
Add		Expense Deduction	These are additiona Note: Do not include					
25.	insurand					ses. The monthly expenses for health ly necessary for yourself, your spouse, or	or	
	Health i	nsurance		\$	0.00			
	Disabilit	y insurance		\$	0.00			
	Health s	savings account		+ \$	0.00	٦		
	Total			\$	0.00	Copy total here=>	\$	0.00
	_ ′	actually spend this t No. How much do y				-		
	•	Yes		\$				
26.	continue	e to pay for the reasousehold or member	onable and necessary car	e and supp who is unal	oort of an elder ble to pay for s	e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may 29A(b)	\$	0.00
27.						nses that you incur to maintain the es Act or other federal laws that apply.		
	By law, the court must keep the nature of these expenses confidential.					\$	0.00	

Deloris J Johnson

Debtor 1

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Debtor 1	Deloris J Johnson		Case number (if known)			
28.	Additional home energy costs. Your hom line 8.	e energy costs are included in y	our insurance and operating	expenses on		
	If you believe that you have home energy of 8, then fill in the excess amount of home en		ne energy costs included in ex	penses on lir	ne	
	You must give your case trustee document amount claimed is reasonable and necessary		nd you must show that the ac	lditional	\$	0.00
29.	Education expenses for dependent child \$214.58* per child) that you pay for your depublic elementary or secondary school.					
	You must give your case trustee document claimed is reasonable and necessary and r			amount		
	* Subject to adjustment on 4/01/28, and even	ery 3 years after that for cases b	egun on or after the date of a	djustment.	\$	0.00
30.	Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance	allowances in the IRS National	Standards. That amount can			
	To find a chart showing the maximum addit instructions for this form. This chart may also			rate		
	You must show that the additional amount	claimed is reasonable and nece	ssary.		\$	0.00
31.	Continuing charitable contributions. The instruments to a religious or charitable orga			h or financial		
	Do not include any amount more than 15%	of your gross monthly income.			\$	0.00
32.	Add all of the additional expense deduct Add lines 25 through 31.	ions.			\$	0.00
Ded	uctions for Debt Payment					
I -	For debts that are secured by an interest oans, and other secured debt, fill in lines To calculate the total average monthly paymereditor in the 60 months after you file for ba	33a through 33e. ent, add all amounts that are co				
	Mortgages on your home				Average r	monthly
33a.	Copy line 9b here			=>	\$	0.00
	Loans on your first two vehicles					
33b.	Copy line 13b here			=>	\$	0.00
33c.	Copy line 13e here			=>	\$	0.00
33d.	List other secured debts:					
Nam	e of each creditor for other secured debt	Identify property that secures	incl	es payment ude taxes nsurance?		
				No		
	-NONE-			Yes	\$	

33e Total average monthly payment. Add lines 33a through 33d

□ No □ Yes

□ No □ Yes

Copy total here=> \$____

0.00

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Page 54 of 64 4/25/25 9:01PM Document **Deloris J Johnson** Debtor 1 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Identify property that secures the debt Name of the creditor Total cure amount Monthly cure amount $\div 60 = \$$ -NONE-Copy 0.00 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. □ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 3,745.00 ÷ 60 62.42 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total Average monthly administrative expense here=> 62.42 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income**

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances \$ 8,227.00

Copy line 32, All of the additional expense deductions \$ 0.00

Copy line 37, All of the deductions for debt payment +\$ 62.42

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Debtor 1	Deloris J Joh	nson				Ca	ase n	umber (if known)			
Part 2:	Determine Yo	ur Disposable	Income Un	der 11 U.S.C. § 13	25(b)(2)					
				n line 14 of Form and Calculation of			ł		\$_		11,472.67
c l di re	hildren. The mont isability payments	hly average of a for a dependent nce with applica	ny child sup child, repor ble nonbank	receive for support payments, fosted in Part I of Forr cruptcy law to the e	ter care n 122C	payments, or -1, that you		\$	0.00		
e: in	mployer withheld f	rom wages as co o)(7) plus all req	ontributions	e monthly total of a for qualified retiren nents of loans from	nent pla	ns, as specifie	d	\$	0.00		
42. T	otal of all deducti	ons allowed ur	nder 11 U.S.	.C. § 707(b)(2)(A).	Copy li	ne 38 here	=>	\$8,	289.42		
e: th	xpenses and you h	nave no reasona must give your	ible alternati case trustee	ial circumstances jove, describe the speakers a detailed explanases.	ecial ci	rcumstances a	nd				
Desc	ribe the special c	ircumstances			A	Amount of exp	ens	se			
					\$						
					\$			_			
					\$						
				Total	\$	0.00	- 1	Copy here=>\$	0	.00_	
44. T	otal adjustments.	Add lines 40 th	rough 43.			=>	\$_	8,289.4	Copy 2 here=		8,289.42
45. C	alculate your mo	nthly disposab	le income ι	ınder § 1325(b)(2)	. Subtra	act line 44 from	line	39.	\$		3,183.25
Part 3:	Change in Inc	come or Expen	ses								
h: tii y:	ave changed or are me your case will be ou filed your petitio	e virtually certain be open, fill in th on, check 122C-	n to change e informatio 1 in the first	in Form 122C-1 or after the date you to n below. For exam column, enter line tred, and fill in the a	filed you ple, if th 2 in the	ur bankruptcy p le wages report second colum	etiti ted n, e	on and during increased after			
	Line	D				Data of alcono	_		A		

Form	Line	Reason for change	Date of change	decrease?	Amount of change
☐ 122C-1				☐ Increase	
☐ 122C-2				☐ Decrease	\$
☐ 122C-1				☐ Increase	
☐ 122C-2				☐ Decrease	\$
☐ 122C-1				☐ Increase	
☐ 122C-2				☐ Decrease	\$
☐ 122C-1				☐ Increase	
☐ 122C-2				☐ Decrease	\$

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Debtor 1	Deloris J Johnson	Case number (if known)
Part 4:	Sign Below	
В	By signing here, under penalty of perjury you declare that the inform	nation on this statement and in any attachments is true and correct.
Х	/s/ Deloris J Johnson	
	Deloris J Johnson Signature of Debtor 1	
	April 25, 2025 MM / DD / YYYY	

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Debtor 1 Deloris J Johnson Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2024 to 03/31/2025.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: employment

Income by Month:

6 Months Ago:	10/2024	\$7,302.00
5 Months Ago:	11/2024	\$7,238.00
4 Months Ago:	12/2024	\$7,435.00
3 Months Ago:	01/2025	\$7,138.00
2 Months Ago:	02/2025	\$7,342.00
Last Month:	03/2025	\$7,138.00
	Average per month:	\$7,265.50

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Debtor 1 Deloris J Johnson Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 10/01/2024 to 03/31/2025.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: postal worker

Income	bv	Month:
--------	----	--------

6 Months Ago:	10/2024	\$3,132.00
5 Months Ago:	11/2024	\$3,235.00
4 Months Ago:	12/2024	\$3,153.00
3 Months Ago:	01/2025	\$3,243.00
2 Months Ago:	02/2025	\$6,240.00
Last Month:	03/2025	\$6,240.00
	Average per month:	\$4,207.17

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$24	filing fee	
\$78	administrative fe	ee
+ \$1	trustee surcharç	<u>je</u>
\$33	3 total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

4/25/25 9:01PM

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

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Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee \$78 administrative fee \$278 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee administrative fee \$78 \$313 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. ally credit card/cws 1000 n west st fl 11 Wilmington, DE 19801

amazon 470 Terry Ave. N Seattle, WA 98109

bank of america 4060 ogletown/stanton road Newark, DE 19713

Best Egg PO Box 207865 Dallas, TX 75320-7865

capital one Po. box 31293 Salt Lake City, UT 84131

CBNA 5800 south corporate place Sioux Falls, SD 57108

citicards 5800 south corporate place Sioux Falls, SD 57108

credit one 6801 S Cimarron Rd Las Vegas, NV 89113

Discover bank p.o. box 30939 Salt Lake City, UT 84130

Donell Johnson 5505 Rock Creek Lane Franklin, OH 45005

Donnell Johnson 5505 Rock Creek Lane Franklin, OH 45005

elastic 88 Kearny St. San Francisco, CA 94108

GM Financial 801 Cherry Street, Ste. 3500 Fort Worth, TX 76102

Internal reveune service P.O. BOX 7317 Philadelphia, PA 19101

jcpenney 2401 S Stemmons Fwy STE 4000 Lewisville, TX 75067-8797

jp morgan chase bank card
p.o. box 15369
Wilmington, DE 19850

kay's jewelers
375 Ghent Rd,
Akron, OH 44333

Macy's Po Box 790003 Saint Louis, MO 63179-0003

milestone 10129 Rosecrans Ave Bellflower, CA 90706

Mr Copper PO BOX 650783 Dallas, TX 75265-0783

SYNCB PO BOX 965005 Orlando, FL 32896-5005

synchrony bank p.o. box 71715 Philadelphia, PA 19176-1715

Ulta Beauty/Comenity PO Box 183003 Columbus, OH 43218-3003

upgrade 2 N. Central Ave. 10th Floor Phoenix, AZ 85004

Wright-patt Credit union P.O. Box 340134 Dayton, OH 45434-0134